

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John E. Kendall

Application No.: 10/723,096  
 Filed: 11/26/2003  
 For: MOLDING COMPOUND

Group No.: 1732  
 Examiner: Monica A. Huson

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

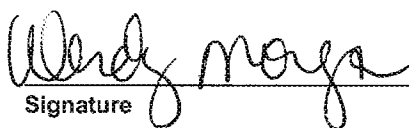
|       | (Col. 1)                        | (Col. 2)                              | (Col. 3)         | OTHER THAN A SMALL ENTITY |               |      |
|-------|---------------------------------|---------------------------------------|------------------|---------------------------|---------------|------|
|       | CLAIMS                          |                                       |                  |                           |               |      |
|       | REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                      | ADDIT.<br>FEE |      |
| TOTAL | 22                              | — 23                                  | = 0              | x \$ 50.00                | = \$          | 0.00 |

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date:

10-23-07



Signature

Wendy Morgan

(type or print name of person certifying)

|   |   |    |   |   |   |   |    |        |    |    |      |
|---|---|----|---|---|---|---|----|--------|----|----|------|
| INDEP.                                    | 3 | -- | 5 | = | 0 | x | \$ | 210.00 | -- | \$ | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |    |   |   |   | + | \$ | 0.00   | -- | \$ | 0.00 |
| TOTAL                                     |   |    |   |   |   |   |    |        |    |    |      |
| ADDIT. FEE                                |   |    |   |   |   |   |    |        |    | \$ | 0.00 |

No additional fee for claims is required.

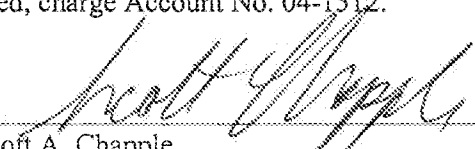
### FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 04-1512.

If an additional fee for claims is required, charge Account No. 04-1512.

Date:

23 October 2022

  
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